

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

International Brotherhood of Boilermakers Campaign Assistance Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURNMailing Address 499 South Capitol Street SW
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

JAMES E. CLYBURNOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2013

Transaction ID : SB23.40876

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPS

Mailing Address POST OFFICE BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement
Contribution

Candidate Name

LOIS CAPPSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2013

Transaction ID : SB23.40871

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement
Contribution

Candidate Name

ROSA L DELAUROOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2013

Transaction ID : SB23.40879

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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